

BIRTH TO 3 PROGRAM PARENTAL COST SHARE

Parent Statement of Income

Use of form: This form is voluntary. Without this information, your Birth to 3 Program cannot calculate your cost share and you will be held liable for the maximum cost share. Personally identifiable information on this form is collected to determine the parental cost share and will be used only for this purpose.

I. Family Information

Name - Child (Last, First, MI)	Birthdate - Child (mm/dd/yyyy)
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Address - Family (Street, City, State, Zip Code)

Family Size	Number of Children Who Currently Participate in Birth to 3 Program	Number of Children in Family Under Age 19 Who Have a Disability
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II. Program Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does your child receive Medical Assistance through the Katie Beckett Program or Special Needs Adoption Subsidy? If your child receives this service, your family may have a cost share. Proceed to Section III, Financial Information.
<input type="checkbox"/>	<input type="checkbox"/>	Does your child receive services through the Family Support Program? Your family will not have a cost share if you are currently paying a cost share for the Family Support Program. Proceed to Section IV, Parent Statement, providing your signature and the date signed.

Check the programs or services your child / family is eligible for or currently receives.

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Medical Assistance (not through Katie Beckett eligibility)
<input type="checkbox"/> W-2	<input type="checkbox"/> Foster care
<input type="checkbox"/> Free or reduced lunch	<input type="checkbox"/> Kinship Care
<input type="checkbox"/> Badger Care	<input type="checkbox"/> SSI
<input type="checkbox"/> Healthy Start	<input type="checkbox"/> WIC (without Katie Beckett MA)

III. Financial Information

Your Annual Income* \$ _____

* Annual income is the total income of the legally responsible parent(s) as reported on the parent(s) most recent federal individual tax return.

IV. Parent Statement

I understand that I am responsible for the cost share for services provided. If the cost share represents a financial difficulty, I can contact my Service Coordinator for a reevaluation at any time. To the best of my knowledge, the above information is an accurate statement of my current income and family status.

SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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Parental cost share for _____ to _____ \$ _____ = \$ _____ per month.*
(mm/yyyy) (mm/yyyy)

* To be completed at a later date.

V. Non-Disclosure Statement (OPTIONAL)

I have chosen not to release my financial information and agree to pay the maximum cost share of \$1,800 annually or \$150 per month.

SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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